

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042223

Dr. Wendall Stewart

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

128

Primary Registration District No.

2000

Registrar's No.

1725

STATE FILE NUMBER

FILED NOV 26 1962

## 1. PLACE OF DEATH

a. COUNTY

GREENE

b. CITY (If outside corporate limits, give TOWNSHIP only)

SPRINGFIELD

Length of stay in 1b

37 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

MERCY VILLA

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

COUNTY

GREENE

admission)

c. CITY  
OR  
TOWN

SPRINGFIELD

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

907 WOODLAWN

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First  
MARLAND

Middle  
MARTIN

Last  
BAUGHMAN

## 4. DATE OF DEATH

Month

Day

Year

NOVEMBER 20, 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

1-6-1885

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

MORROCCO, IND.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

ADAM BAUGHMAN (DEC.)

## 13b. MOTHER'S MAIDEN NAME

MARIA HOPE (DEC.)

## 14. NAME OF HUSBAND OR WIFE

DECEASED ROBERTS

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

MRS. GENE ROBERTS, SPRINGFIELD, MO

## 18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:

### IMMEDIATE CAUSE (a)

Arteriosclerotic Heart Disease

## INTERVAL BETWEEN ONSET AND DEATH

4 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

### DUE TO (b)

### DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cerebral vasculum Occlusion & L. hemiplegia

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from Sept 1958 to Nov 20, 1962 and last saw him alive on Oct 25, 1962

Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Wendall Stewart

## (Degree or title)

M.D.

## 22b. ADDRESS

219 Professional Bldg. Springfield 4, Mo

## 22c. DATE SIGNED

Nov 20, 62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

11/23/62

## 23c. NAME OF CEMETERY OR CREMATORY

St. Marys Cemetery

## 23d. LOCATION (City, town, or county)

Springfield, Missouri

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

H.H. LOHMEYER, SPRINGFIELD, MO.

## 25. DATE RECD. BY LOCAL REG.

11-21-62

## 26. REGISTRAR'S SIGNATURE

Effie S. Melton

NOV 28 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed: Lucian T. Swalley

Licensed Embalmer No. 4815

P. O. Address: Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

Permit 11-20-62